

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050305

1. Entity Name

ADVANTAGE PHARMACEUTICAL COMPANY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90128 046 ***150.00

Principal Place of Business

Mailing Address

8445 INTERNATIONAL DR., SUITE 154
 ORLANDO FL 32819

8445 INTERNATIONAL DR., SUITE 154
 ORLANDO FL 32819-9337



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7081 GRAND NATIONAL DR.

3. Mailing Address

7081 GRAND NATIONAL DR.

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

110

City & State
 ORLANDO FL

City & State
 ORLANDO FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip Country
 32819 U.S.A

Zip Country
 32819 U.S.A

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIDDIQUI, ANWAR
 8445 INTERNATIONAL DR., SUITE 154
 ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME SIDDIQUI, ANWAR
 STREET ADDRESS 8445 INTERNATIONAL DR., SUITE 154
 CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME SIDDIQUI, SHAHAB
 STREET ADDRESS 8445 INTERNATIONAL DR., SUITE 154
 CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD ☒ Delete
 NAME SIDDIQUI, AYESHA
 STREET ADDRESS 8445 INTERNATIONAL DR., SUITE 154
 CITY-ST-ZIP ORLANDO FL 32819

TITLE STD ☐ Change ☒ Addition
 NAME SABEEHA SIDDIQUI
 STREET ADDRESS 7081 GRAND NATIONAL DR #110
 CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2000

Date

407-592-7330

Daytime Phone #

CR2E034 (9/99)